

Filing at a Glance

Company: American Reliable Insurance Company

Product Name: SCO - HO-8 Modified Coverage SERFF Tr Num: ASPX-125238583 State: Arkansas
Form

TOI: 04.0 Homeowners

SERFF Status: Closed

State Tr Num: AR-PC-07-025509

Sub-TOI: 04.0000 Homeowners Sub-TOI

Co Tr Num: A-HO-07 4609

State Status:

Combinations

Filing Type: Form

Co Status:

Reviewer(s): Becky Harrington,
Betty Montesi, Brittany Yielding

Author: SPI AssurantPC

Disposition Date: 07-23-2007

Date Submitted: 07-19-2007

Disposition Status: Approved

Effective Date Requested (New): 10-01-2007

Effective Date (New): 10-01-2007

Effective Date Requested (Renewal):

Effective Date (Renewal):

General Information

Project Name: SCO - HO-8 Modified Coverage Form

Status of Filing in Domicile:

Project Number: HO AR02338ARF01

Domicile Status Comments:

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 07-23-2007

State Status Changed: 07-20-2007

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

American Reliable Insurance Company is proposing revisions to its currently approved Homeowners Product. This is a form filing and does not affect rates. The following changes have been made to the current filing:

Forms Removed

A6010D1005 Declaration Page - Agency Bill

Forms Added

A6018D1206 Declaration Page - Agency Bill

Company and Contact

Filing Contact Information

Wendy Sara-Kalisz,

8655 East Via De Ventura

Scottsdale, AZ 85258

(800) 535-1333 [Phone]

() -[FAX]

Filing Company Information

American Reliable Insurance Company

11222 Quail Roost Dr

Miami, FL 33157

(305) 253-2244 ext. [Phone]

CoCode: 19615

State of Domicile: Arizona

Group Code: 19

Company Type:

Group Name: Assurant, Inc. Group State ID Number:

FEIN Number: 41-0735002

Filing Fees

Fee Required? No

Retaliatory? No

Fee Explanation:

Per Company: No

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Becky Harrington	07-23-2007	07-23-2007

Amendments

Item	Schedule	Created By	Created On	Date Submitted
Declarations Page	Form	SPI AssurantPC	07-19-2007	07-19-2007

Disposition

Disposition Date: 07-23-2007

Effective Date (New): 10-01-2007

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty		No
Form	Declarations Page	Approved	Yes
Form <i>(revised)</i>	Declarations Page		Yes
Form	Declarations Page		Yes

Amendment Letter

Amendment Date:

Submitted Date: 07-19-2007

Comments:

Attached incorrect form to be withdrawn. Please refer to attached Form A6010D1005.

Changed Items:

Form Schedule Item Changes:

Form Name	Form Number	Edition Date	Form Type	Action	Replaced Form #	Previous Filing #	Readability Score	Attachments
Declarations Page	A6010D	1005	Form	Withdrawn			0	A6010D.PDF

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Declarations Page	A6018D	1206	Policy/CoveReplaced rage Form	A6010D	40.00	A6018D.PD F
	Declarations Page	A6010D	1005	Policy/CoveWithdrawn rage Form		0.00	A6010D.PD F
	Declarations Page	A6010D	1005	Policy/CoveWithdrawn rage Form		0.00	A6010D.PD F

**<STATE> <PROGRAM> POLICY – FORM <FORM #>
DECLARATIONS PAGE**

**American Reliable
Insurance Company**
A Stock Insurance Company

AMERICAN RELIABLE INSURANCE COMPANY
8655 E. VIA DE VENTURA
SCOTTSDALE, AZ 85258

POLICY NUMBER:

LOB:

NAMED INSURED AND ADDRESS

AGENT

POLICY PERIOD:

to

12:01 A.M. Standard time at the Residence Premises

The described property covered hereunder is located at the above address, unless otherwise stated herein. Insurance is provided only with respect to the following Coverages for which an amount of insurance is specified, subject to all conditions of this policy.

PROPERTY LOCATION:

COUNTY:

TERRITORY:

PROTECTION CLASS:

ROOF TYPE:

YEAR BUILT:

CONSTRUCTION:

OCCUPANCY:

STOVE:

NUMBER OF FAMILIES:

SECTION I PROPERTY

LIMIT OF LIABILITY

PREMIUM

SECTION II LIABILITY

DEDUCTIBLES (SECTION I ONLY)

DEDUCTIBLE AMOUNT

DED. ADJ. PREMIUM

Deductible

Basic premium

OTHER COVERAGES AND ENDORSEMENTS:

Refer to Schedule on next page.

MANAGING GENERAL AGENT

Policy Premium:

THIS DECLARATIONS PAGE, WITH POLICY JACKET AND ENDORSEMENTS, IF ANY, COMPLETES THE ABOVE NUMBERED POLICY.

THIS POLICY CONTAINS A FLOOD EXCLUSION. FLOOD COVERAGE MAY BE PURCHASED SEPARATELY FROM THE NATIONAL FLOOD INSURANCE PROGRAM, IF AVAILABLE IN YOUR AREA.

THIS POLICY CONTAINS AN EARTHQUAKE EXCLUSION. CONTACT YOUR AGENT FOR INFORMATION CONCERNING THE AVAILABILITY OF EARTHQUAKE COVERAGE.

Authorized Representative

Other Endorsements and Coverages Schedule

Company:

Policy Number:

Named Insured:

OTHER COVERAGES AND ENDORSEMENTS:
Forms attached to and made part of this policy.

LIMITS OF LIABILITY
IF APPLICABLE

PREMIUM

Total:

MORTGAGEE(S):

The POLICY PERIOD shall be effective at the date and time of application and expire at 12:01am of expiration date at the address of the NAMED INSURED as stated herein.

POLICY NUMBER	AGENT NO.	PAY PLAN	ORIGINAL ISSUE DATE	EFFECTIVE DATE	EXPIRATION DATE

Agent :

AGENT PHONE #:

Named Insured:

Description of Property

Protection Class:

Construction Type:

BIII To:

In case of loss, we pay only that part of the loss over the DEDUCTIBLE per occurrence of \$

Coverage is provided where a premium and a limit of liability are shown for the coverage. Such coverages are subject to all provisions of your policy and all endorsements thereto.

[illegible]

Endorsements made part of this Policy at time of issue:

CHANGE MADE:

TOTAL POLICY PREMIUM

\$

Loss Payee Name and Mailing Address

AID/P&C NOV 16 2005

Authorized Representative

A6010D1005

IMPORTANT - ATTACH THIS CERTIFICATE TO YOUR POLICY

Rate Information

Rate data does NOT apply to filing.

Superseded Attachments

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Original Date:	Schedule	Document Name	Replaced Date	Attach Document
No original date	Form	Declarations Page	07-19-2007	A6010D.PDF

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Company:

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LIMITS OF LIABILITY
IF APPLICABLE

PREMIUM

Total:

MORTGAGEE(S):